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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**Applicants: HIMI et al.****Atty. Dkt.: 01-100-DIV****Serial No.: 10/716,606****Art Unit: 2813****Filed: 11/20/2003****Examiner: Thanhha S. PHAM****Title: METHOD FOR
MANUFACTURING
SEMICONDUCTOR SUBSTRATE**

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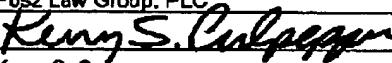
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/716,606
		Filing Date	11/20/2003
		First Named Inventor	HIMI
		Art Unit	2813
		Examiner Name	Thanhha S. PHAM
Total Number of Pages in This Submission		Attorney Docket Number	01-100-DIV

ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):	
		Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Posz Law Group, PLC		
Signature			
Printed name	Kerry S. Culpepper		
Date	2 October 2006	Reg. No.	45,672

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Kerry S. Culpepper	Date	2 October 2006